



ST. MALACHY CATHOLIC SCHOOL

Application for Preschool Enrollment

Today's Date _____

St. Malachy Catholic School

7410 N. County Road 1000 East
Brownsburg, Indiana 46112

Office Number: 317.852.2242
Fax Number: 317.852.3604

Mrs. Angela Bostrom, Principal
Extension 7200
abostrom@stmalachy.org

Mrs. Saunda Kennison, Assistant Principal
Extension 7208
skennison@stmalachy.org

Mrs. Lori Koontz, Secretary
Extension 7203
lkoontz@stmalachy.org

Applicant's First Name: _____ Middle Initial: _____ Last Name: _____

Preferred First Name: _____ Age: _____ Birthday: _____

Ethnicity: _____ Sex: M F Native Language: _____

Length of US Residence: _____ Country of Birth: _____

Legal County of Residence: _____ Legal School Corporation: _____

Home Address: _____
Street City State Zip Code

Home Telephone Number: (____) _____ E-Mail Addresses: _____

Preschool Options: Please check Clover Pre-K List Days/Times and if you need Extended Care.

1. _____

2. _____

PARENTS' INFORMATION

FATHER

MOTHER

Name: _____ Name: _____

Preferred First Name: _____ Preferred First Name: _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____ Zip Code: _____ Cell Phone: _____

Religion: _____ Parish: _____ Religion: _____ Parish: _____

St. Malachy graduate? Yes No Year: _____ St. Malachy graduate? Yes No Year: _____

Occupation: _____ Occupation: _____

Company: _____ Company: _____

Business Telephone: _____ Business Telephone: _____

Applicant lives with (Name and Relationship): _____

Applicant's Religion/Baptismal Site: _____

Parents are: Married Separated Divorced Mother Deceased Mother Remarried
 Father Deceased Father Remarried Other _____

HEALTH HISTORY

Child's Physician: _____ Phone: _____

Did your child have any problems immediately at or after birth? Please explain: _____

Does your child wear glasses? Yes No Any other eye problems? _____

Does your child have a hearing problem/or have frequent ear infections? Yes No

Does your child have limitation in activities? Yes No

If yes, describe: _____

Does your child have a specific health problem such as: Heart Convulsions Diabetes Ear/Throat Problem

Allergies Asthma Other Describe: _____

Does your child take any medication regularly? Yes No Describe: _____

Does your child carry an Epi Pen? Yes No If yes, where _____

Are you concerned about your child's learning style? Please explain: _____

Has your child had any speech and/or occupational therapy? Yes No Type of Therapy and Dates: _____

Has your child received ENL (English Native Language) services? Yes No

Does your child have an Individualized Education Plan (IEP) or 504 Plan? Yes No If yes, please attach a current copy of the IEP, 504, plan, or service plan.

FAMILY HISTORY

Please list name, age and grade in school of Applicant's brothers and sisters: _____

Are you a registered St. Malachy parishioner? Yes No If not, in what Parish/Church are you currently registered? _____

Please tell us about your child. We must know your child as a total person to meet our educational mission. Write a short description of your child. This information is confidential and is needed so that we may be able to better serve your child. Please tell us about your child's previous pre-school and/or day care program. Feel free to include examples and/or reports from your child's preschool/day care experience.) _____

A non-refundable registration fee must be paid before application will be considered complete. Copies of birth and Baptism certificates (unless baptized at St. Malachy Catholic Church) are required. Immunization records must be completed. You will be notified of your admission status by the principal. Only the principal may admit students to St. Malachy Catholic School. All admission questions are to be directed to the school office. Thank you for your application.

Is there any additional information you wish to share with us? _____

